



MARTY J. JACKLEY
ATTORNEY GENERAL

STATE OF SOUTH DAKOTA
LAW ENFORCEMENT STANDARDS AND TRAINING COMMISSION
DIVISION OF CRIMINAL INVESTIGATION
GEORGE S. MICKELSON CRIMINAL JUSTICE CENTER
1302 E. Hwy 14
PIERRE, SOUTH DAKOTA 57501



APPLICATION TO ATTEND
N.A.S.R.O. ADVANCED S.R.O.
June 6 – 9, 2011

Name _____
(Last) (First) (Middle) (Please print or type)

Date of Birth _____ Law Enforcement Service _____ yrs. _____ Mos. Attended SRO Basic? Yes
or No

Name of Department _____ Phone # _____

Fax # _____ Email Address _____

Department Mailing Address _____
Address City Zip

I request that you accept this nominee as the official representative of the Law Enforcement Agency headed by me. I do hereby agree that this representative will abide by all such rules and regulations pertaining to classroom and dormitory conduct and any serious breach of same may result in the dismissal of the violator. I further agree that the Law Enforcement Training Center, either individually or collectively, shall in no way be responsible for any accidents while this representative is en route to, attending any session of, or returning to their department. In addition, I agree that this representative shall attend the full course of instruction. **Application should be made no later than 45 days prior to the course.**

Due to the nature of some of the training offered, enrollment in a school may be limited. **Please do not assume that the applicant has been accepted for this school until you have received official confirmation from the Law Enforcement Training Office.**

(Signature of Applicant)

(Department Head Signature)

(Title of Applicant)

(Title)

(Date)

(Date)

This application form must be completed in its entirety and forwarded to the person below.

Return this Application to:

Sgt. Marla Schrank
Sioux Falls Police Department
320 W 4th Street
Sioux Falls, SD 57104
Phone: 605-978-6632

Fax: 605-978-6639